

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Ambulatory Surgery Centers
Managed Care Organizations

Memorandum No: 07-27
Issued: June 28, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact:
800.562.3022 (option 2) or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Supersedes # Memos 06-37 and 06-95

Subject: Ambulatory Surgery Centers: 2007 Changes and Additions to CPT[®], CDT[®], and HCPCS Codes, Policies, and Fee Schedules; and Dental Coverage and Authorization Updates

Effective for dates of service on and after July 1, 2007, the Health and Recovery Services Administration (HRSA) will adopt the Year 2007 Medicare Fee Schedule Database (MFSDB) Ambulatory Surgery Centers (ASC) groups for the Current Procedural Terminology (CPT[®]), Current Dental Terminology (CDT[®]), and Healthcare Common Procedural Coding System (HCPCS) Level II codes for 2007.

Overview

- **All policies previously published remain the same unless specifically identified as changed in this memo.**
- The new 2007 additions, deletions, authorization updates, and coverage changes are effective for **dates of service on and after July 1, 2007**, and are available on the HRSA Fee Schedules web page at: <http://maa.dshs.wa.gov/RBRVS/Index.html>.

Note: Do not use ADA, CPT, and HCPCS codes that are deleted in the “2007 CPT” book, “2007 CDT” book, or the “2007 HCPCS” book for dates of service after December 31, 2006.

Policy Statement

All procedures performed in an ASC are subject to the parent program guidelines.

For example: Surgeries are subject to the Physician-Related Services Washington Administrative Code (WAC) and *Physician-Related Services Billing Instructions*; dental procedures are subject to the Dental-Related Services WAC and *Dental Program Billing Instructions*.

HRSA has incorporated the CPT, HCPCS, and Current Dental Terminology (CDT) code updates into the Ambulatory Surgery Centers Fee Schedule. HRSA has also updated coverage and prior authorization (PA) information.

Bill HRSA your usual and customary charge.

Dental Policy Highlights

Effective July 1, 2007, HRSA covers dental-related services, including oral and maxillofacial surgeries, that are provided in an ASC only when:

- Dental-related services are medically necessary and provided in accordance with Chapter 388-535 WAC (HRSA does not consider services provided in an ASC to be emergent);
and
- At least one of the following is true:
 - ✓ The client is eligible under the Division of Developmental Disability program;
 - ✓ The client is age eight or younger; or
 - ✓ The dental service is prior authorized by HRSA.

HRSA requires providers to report dental services, including oral and maxillofacial surgeries, using CDT. The exception is that oral surgeons may use CPT only when the performed procedure is not listed as a covered CDT code in HRSA's published dental services billing instructions.

Newly Covered Procedure Codes

HRSA now covers the following procedure codes when provided in an ASC:

Procedure Code	Brief Description	Status Indicator	Group	Type of Authorization
15200	Skin Full Graft	A	3	
15201	Skin Full Graft add-on	A	2	
15220	Skin Full Graft	A	2	
15221	Skin Full Graft add-on	A	2	
15240	Skin Full Graft	A	3	
15241	Skin Full Graft add-on	A	3	
15260	Skin Full Graft	A	2	
15261	Skin Full Graft add-on	A	2	
D0120	Periodic oral evaluation	A	2	L
D0220	Intraoral periapical first film	A	2	L
D0230	Intraoral periapical ea add	A	2	L
D0270	Dental bitewing single film	A	2	L
D0272	Dental bitewings two films	A	2	L
D0273	Bitewings - three films	A	2	L
D0274	Dental bitewings four films	A	2	L
D0330	Dental panoramic film	A	2	L
D1110	Dental prophylaxis adult	A	2	L
D1203	Topical fluor w/o prophy chi	A	2	L
D1204	Topical fluor w/o prophy adu	A	2	L
D2710	Crown resin-based indirect	A	2	PA
D2932	Prefab resin crown	A	2	L
D2934	Prefab steel crown primary	A	2	L
D4211	Gingivectomy/plasty per quad	A	2	PA
D5130	Dentures immediat maxillary	A	2	PA
D5140	Dentures immediat mandible	A	2	PA
D7310	Alveoloplasty w/o extraction	A	2	L
D7311	Alveoloplasty w/extract 1-3	A	2	L
D7320	Alveoplasty w/o extraction	A	2	PA
D7410	Rad exc lesion up to 1.25 cm	A	2	PA
D7471	Rem exostosis any site	A	2	PA

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- A** = Code was added to the coverage for this program.
- L** = The use of this procedure code may have certain limitations or restrictions (e.g., age, authorization requirements, diagnosis, facilities). Please see the program-specific publications for details prior to providing this service.
- PA** = Prior authorization.

Newly Covered Procedure Codes (cont.)

Procedure Code	Brief Description	Status Indicator	Group	Type of Authorization
D7472	Removal of torus palatinus	A	2	PA
D7473	Remove torus mandibularis	A	2	PA
D7485	Surg reduct osseoustuberosit	A	2	PA
D7510	I&d absc intraoral soft tiss	A	2	L
D7520	I&d abscess extraoral	A	2	L
D7530	Removal fb skin/alveolar tiss	A	2	PA
D7960	Frenulectomy/frenulotomy	A	2	PA
D7963	Frenuloplasty	A	2	PA
D7972	Surg redct fibrous tuberosit	A	2	PA

A = Code was added to the coverage for this program.

L = The use of this procedure code may have certain limitations or restrictions (e.g., age, authorization requirements, diagnosis, facilities). Please see the program-specific publications for details prior to providing this service.

PA = Prior authorization.

Coverage/PA Update

HRSA now requires PA for the following CPT/HCPCS/CDT codes:

Procedure Code	Brief Description	Type of Authorization
21050	Removal of jaw joint	PA
21060	Remove jaw joint cartilage	PA
21070	Remove coronoid process	PA
21121	Reconstruction of chin	PA
21122	Reconstruction of chin	PA
21125	Augmentation , lower jaw bone	PA
21206	Reconstruct upper jaw bone	PA
21208	Augmentation of facial bones	PA
21209	Reduction of facial bones	PA
21210	Face bone graft	PA
21215	Lower jaw bone graft	PA
21230	Rib cartilage graft	PA
21240	Reconstruction of jaw joint	PA
21242	Reconstruction of jaw joint	PA
21243	Reconstruction of jaw joint	PA
21244	Reconstruction of lower jaw	PA
21245	Reconstruction of jaw	PA

Coverage/PA Update (cont.)

HRSA now requires PA for the following CPT/HCPCS/CDT codes:

Procedure Code	Brief Description	Type of Authorization
21246	Reconstruction of jaw	PA
21248	Reconstruction of jaw	PA
21249	Reconstruction of jaw	PA
21295	Reduction of masseter muscle	PA
21296	Reduction of masseter muscle	PA
29800	Jaw arthroscopy/surgery	PA
29804	Jaw arthroscopy/surgery	PA
31825	Repair of windpipe defect	PA
31830	Revise windpipe scar	PA
40720	Repair cleft lip/nasal	PA
42226	Lengthening of palate	PA
64600	Injection treatment of nerve	PA
67900	Repair brow defect	PA
67950	Revision of eyelid	PA
69310	Rebuild outer ear canal	PA
69320	Rebuild outer ear canal	PA
D3430	Retrograde filling	PA
D4210	Gingivectomy/plasty per quad	PA
D4910	Periodontal maint. procedures	L
D7241	Impact tooth rem bony w/comp	PA

L = The use of this procedure code may have certain limitations or restrictions (e.g., age, authorization requirements, diagnosis, facilities). Please see the program-specific publications for details prior to providing this service.

PA = Prior authorization.

HRSA no longer requires PA or expedited prior authorization (EPA) for the following procedure codes:

54300	67025	67405	67550	69666
59160	67027	67412	67560	69720
63746	67030	67413	67715	D7286
64585	67031	67415	67912	
66930	67036	67420	69620	
67005	67040	67430	69631	
67010	67107	67440	69632	
67015	67400	67450	69633	

HRSA **no longer covers** the following procedures when performed in an ASC:

Procedure Code
58565
D2910
D2920
D2950
D3320
D3330
D3346
D3347
D3348
D3351
D3352
D3410
D3421
D3425
D3426
D3950
D7270
D7283
D7285
D9220
D9241
D9610
L8699

New Ambulatory Surgery Centers Billing Instructions

HRSA is publishing new *Ambulatory Surgery Centers Billing Instructions* effective July 1, 2007. Providers may view and/or download these on HRSA's web site at <http://maa.dshs.wa.gov/Download/BI.html>.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.